



**Schedule A**  
**TERRORISM RISK INSURANCE PROGRAM**  
**DECLARATION OF "DIRECT EARNED PREMIUM" AND**  
**CALCULATION OF "INSURER DEDUCTIBLE" UNDER**  
**TERRORISM RISK INSURANCE ACT (TRIA)**

Insurer or Insurer Group Name: \_\_\_\_\_

NAIC Insurer (or Group) Number (or TIN if no NAIC #): \_\_\_\_\_

Program (calendar) Year: \_\_\_\_\_

Calendar Year of Direct Earned Premium (see instructions for guidance): \_\_\_\_\_

List all affiliated insurers with premium subject to Terrorism Risk Insurance Act:

<u>Name</u>	<u>NAIC # (or TIN if no NAIC #)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*(insurers may add more lines as needed)*

**STEP 1:**

Direct Earned Premiums from the Annual Statement Exhibit of Premiums and Losses (Statutory Page 14), Column 2 for commercial lines of business, or from another appropriate reporting mechanism. See instructions for guidance.

<u>Annual Statement Line of Business</u>	<u>Direct Earned Premium</u> <u>(Column 2 - Statutory Pg. 14)</u>
Line 1 – Fire	\$ _____
Line 2.1 – Allied Lines	\$ _____
Line 5.1 – Commercial Multiple Peril (non-liability portion)	\$ _____
Line 5.2 – Commercial Multiple Peril (liability portion)	\$ _____

Control Number \_\_\_\_\_  
(Treasury use)

**Annual Statement Line of Business**

**Direct Earned Premium**  
**(Column 2 - Statutory Pg. 14)**

Line 8 – Ocean Marine	\$ _____
Line 9 – Inland Marine	\$ _____
Line 16 – Workers’ Compensation	\$ _____
Line 17 – Other Liability	\$ _____
Line 18 – Products Liability	\$ _____
Line 22 – Aircraft (all perils)	\$ _____
Line 27 – Boiler and Machinery	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

(insurers may add more lines as needed)

**STEP 1 TOTAL \$ \_\_\_\_\_**

**STEP 2:**

Direct Earned Premiums included in the numbers reported under Step 1 that are for insurance coverage not to be included for purposes of TRIA. See instructions for guidance.

<b><u>Annual Statement</u></b> <b><u>Line of Business</u></b>	<b><u>Direct Earned Premium</u></b> <b><u>Not to be Included per TRIA</u></b>	<b><u>Reason for Exclusion of Premium</u></b>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

(insurers may add more lines as needed)

**STEP 2 TOTAL \$ \_\_\_\_\_**

Control Number \_\_\_\_\_  
(Treasury use)

**STEP 3:**

Direct Earned Premium, for lines of business included for purposes of TRIA, that were included in the numbers reported under Step 1 and were ceded to a state residual market under a servicing carrier arrangement. See instructions for guidance.

<b><u>Annual Statement Line of Business</u></b>	<b><u>Direct Earned Premium Ceded to Residual Market</u></b>	<b><u>Name of Residual Market for Which Insurer Serves as Servicing Carrier</u></b>	<b><u>State of Residual Market</u></b>
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

(insurers may add more lines as needed)

**STEP 3 TOTAL \$** \_\_\_\_\_

**STEP 4:**

Direct Earned Premiums for lines of business subject to TRIA that were NOT included in the numbers reported under Step 1 and were distributed to the insurer by commercial lines state residual market entities.

<b><u>Annual Statement Line of Business</u></b>	<b><u>Earned Premium Received From Residual Markets</u></b>	<b><u>Name of Residual Market Entity</u></b>	<b><u>State of Residual Market</u></b>
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

(insurers may add more lines as needed)

**STEP 4 TOTAL \$** \_\_\_\_\_

**STEP 5:**

Complete the following formula in order to determine the insurer's Program Year deductible.

(STEP 1 TOTAL \$ \_\_\_\_\_ plus STEP 4 TOTAL \$ \_\_\_\_\_ )

SUBTRACT

(STEP 2 TOTAL \$ \_\_\_\_\_ plus STEP 3 TOTAL \$ \_\_\_\_\_ )

EQUALS

Direct Earned Premium \$ \_\_\_\_\_

MULTIPLY X \_\_\_\_\_ Deductible Factor (2006 = 0.175; 2007 = 0.2)

EQUALS \$ \_\_\_\_\_ Insurer Deductible under TRIA

**Certification**

I hereby certify that the direct earned premium data, calculations, and supporting documentation used to determine the insurer deductible are accurate and complete to the best of my information, knowledge and belief. Any false or fraudulent statements or claims may subject the insurer or signatory to criminal, civil, or administrative penalties.

_____	_____	_____
Name	Officer Title	Date

\_\_\_\_\_  
Signature

**Notice Under the Paperwork Reduction Act**

We estimate it will take you about 6.5 hours to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Terrorism Risk Insurance Program Office, 1425 New York Avenue, NW, Washington, DC 20220. Do not send completed form to this address. Submit forms according to instructions provided at [www.treas.gov/trip](http://www.treas.gov/trip).